

Nevada Commission on Ethics
FINANCIAL DISCLOSURE STATEMENT
 (attach additional sheets if necessary)

name **TONY DORF** telephone **[REDACTED]**
 address **[REDACTED]** city, state, zip **LAS VEGAS, NV 89917**
 length of residence in Nevada **9 YEARS** district **[REDACTED]** e registered to vote **[REDACTED]** [NRS 281.571, Subsection 1(a)]

list all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

public office	annual compensation	term or date appointed	annual (3/31) NRS 281.561(1)(c)	candidate NRS 281.561(1)(a)	NEW appointment NRS 281.561(1)(b)	leaving office NRS 281.561(1)(d)
BOARD OF CIVIL SERVICE TRUSTEES	\$50 MEETIN	APRIL 2000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

list all general sources of income for you and members of your household over 18 [NRS 281.571, Subsection 1(b)]:

	self	household member
GE PENSION, SOCIAL SECURITY, PT JOB WITH RAB INC. CALIF.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GE PENSION, SOCIAL SECURITY, PT RAB INC SHERMAN OAKS, CALIF.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

list each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:

VISA WELLS FARGO, VISA ASSOCIATES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MASTER CHARGE CAPITAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

list each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust, joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

NONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NONE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

list specific location and particular use of all real estate (other than personal residence). (1) in which you or a member of your household has a legal or beneficial interest, (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)]:

specific location	particular use
NONE	

list the identity of donor and value of each gift of all gifts received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, judicial or political action] [NRS 281.571, Subsection 1(e)]:

donor	value of gift
NONE	

I AFFIRM THAT ALL INFORMATION HEREIN IS ACCURATE AND COMPLETE

Date: **3/25/03**

Signature: **[Signature]**